

BUREAU OF OCCUPATIONAL LICENSES

**Owyhee Plaza
1109 Main Street, Suite 220
Boise, ID 83702
(208) 334-3233**

REQUEST FOR PUBLIC RECORDS

The Bureau requires that all requests for public records be in writing. Requestors are not, however, required to reveal their name or the purpose of the request. **In the case of requests for records exempt from third-party disclosure, requestors are required to provide identification in accordance with I. C. § 9-342. If the records you request pertain to you, and the record is otherwise exempt from public disclosure, you must sign this form and have your signature notarized.** By completing this Public Record Request Form, details such as date and time received are documented in the event questions arise later. If the requested records are not being picked up in person, the requestor must provide a mailing address. It may not be possible to provide immediate access to the requested records due to the time necessary to locate and retrieve the records, and a fee may be required for records over 100 pages in length. A written response to all requests will be made within 3 working days (I. C. § 9-339). The information provided on this form will be used for internal administrative purposes only. Your cooperation in providing the requested information is appreciated.

Name: _____

Address: _____

Street/ PO Box

City

State

Zip

Phone number: _____ E-mail: _____

Please be specific as to what information you are requesting. We are unable to comply with requests for “everything you have” or “whatever is available.” The right to inspect and amend records pertaining to yourself does not include the right to review open or active investigative records of the Bureau. If an investigation is ongoing, if there is a reasonable anticipation of civil action or proceeding that is not otherwise discoverable, or if the information relates to adoption records or other exempt information, your request will be denied.

I hereby make request to ☐ review and/or ☐ receive a copy of the official public records described above.

Signature: _____ Date: _____

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

BOL Tracking Information	
Request received _____ by _____	Receipt number: _____ Was payment required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date _____	staff member _____
If yes, the amount of \$ _____ was paid by: <input type="checkbox"/> check <input type="checkbox"/> MO <input type="checkbox"/> cash Date request was prepared: _____	
Prepared by: _____ Records were delivered: <input type="checkbox"/> in person <input type="checkbox"/> by mail <input type="checkbox"/> by fax <input type="checkbox"/> by e-mail	